

Revision: HCFA-PM-95-4 (HSQB)
JUNE 1995

Attachment 4.35-F

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ALASKA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

State Monitoring: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy:

X Specified Remedy

(Will use the criteria and
notice requirements specified
in the regulation.)

 Alternative Remedy

(Describe the criteria and
demonstrate that the alternative
remedy is as effective in deterring non-compliance
Notice requirements are as specified in the
regulations)

AS Sec. 18.20.080

TN No. 95-15 Approval Date 10/30/95 Effective Date 7/1/95

Supersedes TN No. 10-12